

Illness Injury Disaster Just in case Medical information / Intention confirmation card

What is a Medical information / Intention confirmation card

It is a card made to convey your medical information and confirmation of intention in case of emergency. What if he loses consciousness and can't communicate? If you get involved in a disaster. If someone finds you fall down, he or she doesn't know you have a pre-existing condition and doesn't know what medications you're taking. If you come fall ill with a food allergy, no one knows you're allergic.

Fill out this card so that people who find out about your medical condition and allergies will be able to know about it and deal with it immediately.

Carry this piece of paper with you in case of an emergency. This piece of paper could save your life.

Make it smaller and fold it

Once you have printed it out in A4 size and filled out what you want to tell, fold it up in card size and carry it around.

Put it in your wallet or ID card case and always carry it with you in case something goes wrong.

Distribute widely

You can print this card and distribute it for free. Please use freely regardless of individual, company, administration.

However, distribution of the data itself is prohibited.

Cautions when using

■ This card is not a medical supplies. ■ It's better to have information than to have no information when something happens. ■ When something happens, we produce and distribute it in the hope that something will be useful. ■ Even if you have this card, it doesn't necessarily function. ■ The effects are not guaranteed. ■ We (maker) don't take responsibility for any damage. ■ Please use at your own risk. ■ Copyright is not abandoned, so alterations are prohibited. ■ The translation may be incorrect. ■ Please contact us if you have any opinions such as improvements.

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■ Cautions when using • Waiver clause.

This card is not a medical devices.
This card is a template for writing user information.
The effects are not guaranteed.
Even if you have this card, it doesn't necessarily function.
This card is filled out by the user's discretion.
It is customer's responsibility for the use of this card.
We [N.Tetsuya] don't take responsibility for any damage.
The user agrees to the rules described separately.
yr mo day

■ User signature: _____

■ Signature of family: _____
Relation()

■ Emergency contact

Contact name: _____

Phone: _____

Address: _____

■ Family doctor

Hospital name: _____

Phone: _____

Address: _____

■ Smoking Do not smoke I smoke

(Frequency _____)

■ Drinking Don't drink I drink

(Frequency _____)

■ Have you ever had a blood transfusion? Yes No

■ The medication you are taking.

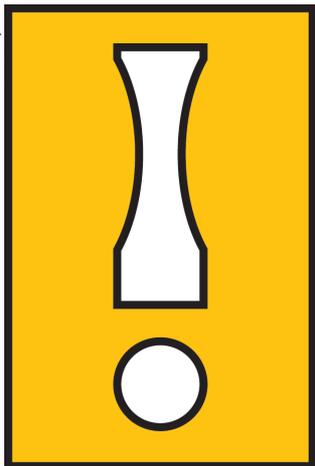
■ Date of birth yr mo day / Age[]

Male Female / Height[] Weight[]

■ Username: _____

Address: _____

■ Are you currently under medical treatment or suffering disease?



■ Is there any illness you have ever had? Yes No

Disease name: _____

When: _____

■ Have you ever had any operations? Yes No

Disease name: _____

When: _____

■ Are you medication allergy? Yes No

Medication name: _____

■ Are you pregnant or is there a possibility of pregnancy?

Yes No

■ Are you dementia or is there a possibility of dementia?

Yes No

■ The following items are your own will, but the final decision is determined by your doctor or family.

Follow the laws of your country and state.

■ Check if you want to donate an organs.

I will donate my organs for transplantation following grain death or cardiac death.

I will donate my organs for transplantation only following cardiac death.

I will not donate my organs.

[If there is an organ that you do not wish to donate place an X over it - Heart - Lung - Liver - Kidney - Pancreas - Small intestine - Eyes]

(Special mention: _____)

■ Do you want life-prolonging medical treatment?

I want you to be treatment.

I do not want treatment.

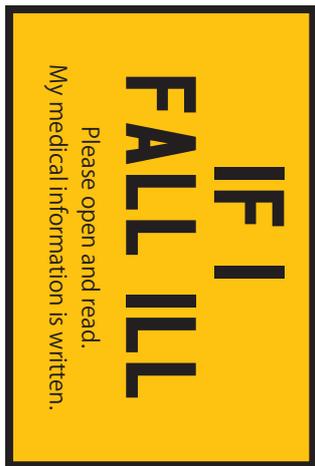
Undecided

(Special mention: _____)

■ If you have a cardiopulmonary arrest, do you want cardiopulmonary resuscitation such as a heart massage?

Hope I do not hope Undecided

(Special mention: _____)



■ Are you food allergic?
 Yes No
Allergen: _____

■ Blood type ()

Folding method

- ① First, fill in the information you want to tell.
If it is folded, it will be difficult to fill in.

■ Cautions when using - Waiver clause.
This card is not a medical device.
This card is a template for writing user information.
The effects are not guaranteed.
Even if you have this card, it doesn't necessarily function.
This card is filled out by the user's discretion.
It is customer's responsibility for the use of this card.
We (N/Tetsuya) don't take responsibility for any damage.
yr mo day

■ User signature: _____
■ Signature of family: _____ Relation()

■ Emergency contact
Contact name: _____
Phone: _____
Address: _____

■ Family doctor
Hospital name: _____
Phone: _____
Address: _____

■ Have you ever had a blood transfusion? Yes No
■ Is there any illness you have ever had? Yes No
Disease name: _____
When: _____

■ Have you ever had any operations? Yes No
Disease name: _____
When: _____

■ Are you medication allergy? Yes No
Medication name: _____

■ Are you pregnant or is there a possibility of pregnancy? Yes No
■ Are you dementia or is there a possibility of dementia? Yes No

■ Check? If you want to donate an organ.
 I will donate my organs for transplantation following grain death or cardiac death.
 I will donate my organs for transplantation only following cardiac death.
 I will not donate my organs.
[If there is an organ that you do not wish to donate place an X over it - Heart - Lung - Liver - Kidney - Pancreas - Small intestine - Eyes]
(Special mention: _____)

- ② Fold it in half vertically.

■ The medication you are taking. _____

■ Date of birth yr mo day / Age()
 Male Female / Height() Weight()

■ Username: _____
Address: _____

■ Do you want life-prolonging medical treatment?
 I want you to be treatment.
 I do not want treatment.
 Undecided
(Special mention: _____)

■ If you have a cardiopulmonary arrest, do you want cardiopulmonary resuscitation such as a heart massage?
 Hope I do not hope Undecided
(Special mention: _____)

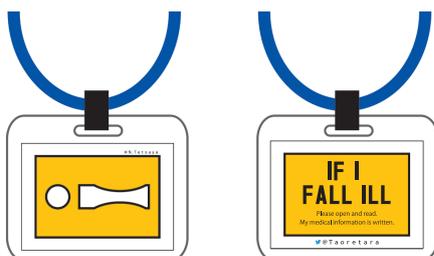
- ⑤ Open the place once folded horizontal.

■ Are you currently under medical treatment or suffering disease?

■ Do you want life-prolonging medical treatment?
 I want you to be treatment.
 I do not want treatment.
 Undecided
(Special mention: _____)

■ If you have a cardiopulmonary arrest, do you want cardiopulmonary resuscitation such as a heart massage?
 Hope I do not hope Undecided
(Special mention: _____)

- ⑥ Fold it a quarter to the crease.



- ⑨ Put it in your wallet, put it in a case, hang it on your neck, bag, walking stick, etc., and carry it around in case something goes wrong.

■ The medication you are taking. _____

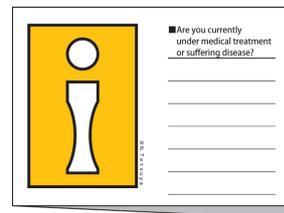
■ Date of birth yr mo day / Age()
 Male Female / Height() Weight()

■ Username: _____
Address: _____

■ Do you want life-prolonging medical treatment?
 I want you to be treatment.
 I do not want treatment.
 Undecided
(Special mention: _____)

■ If you have a cardiopulmonary arrest, do you want cardiopulmonary resuscitation such as a heart massage?
 Hope I do not hope Undecided
(Special mention: _____)

- ③ Fold it in half vertically.



- ④ Fold it in half horizontal direction.

■ Are you currently under medical treatment or suffering disease?

■ Blood type ()
■ Are you food allergic?
 Yes No
Allergen: _____

- ⑦ Further, fold it a quarter to the crease.



- ⑧ completion.

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2020年3月28日